Case Number:	CM13-0066262		
Date Assigned:	01/03/2014	**Date of Injury:**	02/21/2009
Decision Date:	04/22/2014	**UR Denial Date:**	11/19/2013
Priority:	Standard	**Application Received:**	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old male who sustained an unspecified injury on 02/21/2009. The patient was evaluated on 11/08/2013 for complaints of low back pain. The patient's medications included Dilaudid 8 mg, Norco 10/325 mg, Omeprazole 20 mg, Senna 8.6 mg, Trazodone HCl 50 mg, Lidoderm 5% patch, Lyrica 75 mg, Lorazepam 1 mg, Paxil 40 mg, and Viagra 50 mg. The documentation submitted for review did not include a gastrointestinal evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg #60 is non-certified. The documentation submitted for review indicated the patient had no side effects associated with his medication usage. The California MTUS Guidelines recommend the use of a proton pump inhibitor with the use of NSAIDs in patients at intermediate risk for gastrointestinal events. The documentation submitted for review did not indicate the patient was at risk for gastrointestinal events, nor was

the patient prescribed an NSAID. Furthermore, the documentation submitted for review did not indicate the patient had any gastrointestinal issues for which the medication would be supported. Given the information submitted for review, the request for Omeprazole 20 mg #60 is non-certified.